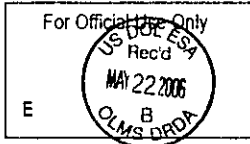


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

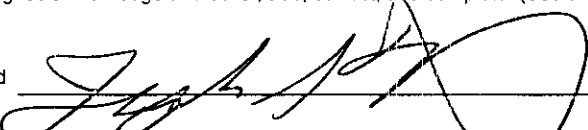
1. File Number U - 8461	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Joseph S Frick P.O. Box, Bldg., Room No., if any Street 1301 South Columbus Blvd. City Philadelphia State Pennsylvania ZIP Code + 4 19147	4. Name, file number, and address of labor organization. Name Sheet Metal Workers Interntl. Assoc. Local 19 Labor Organization File Number 013-066 P.O. Box, Building and Room Number, if any Street 1301 South Columbus Blvd. City Philadelphia State Pennsylvania ZIP Code + 4 19147
5. Position in labor organization. Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On **3-24-06** Date **215-952-1950** Telephone Number

Name of Person Filing Joseph Frick

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers Local 19 JATF

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Blvd.

City Philadelphia

State Pennsylvania

ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Wages 2005

11.b. Approximate dollar value of such dealing.

\$93,071

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Blvd.

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Benefits 2005

11.b. Approximate dollar value of such dealing.

\$50,867

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

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Name Sheet Metal Workers Local 19 JATF

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Blvd.

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

2005 Regional Apprentice Contest
Expense Reimbursement
Lodging

11.b. Approximate dollar value of such dealing.

\$596

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers Local 19 JATF

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Blvd.

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Eastern Regional Contest
Expense Reimbursement
Lodging

11.b. Approximate dollar value of such dealing.

\$1,097

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Training Institute for the She

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 North Fairfax Street

City Alexandria

State Virginia

ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Continued Professional Instruction
Expense Reimbursement
Travel
Lodging

11.b. Approximate dollar value of such dealing.

\$822

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name International Training Institute for the She

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 North Fairfax Street

City Alexandria

State Virginia ZIP Code + 4 22314

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Residential Training 2005
Expense Reimbursement
Travel
Lodging

11.b. Approximate dollar value of such dealing.

\$598

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Training Institute for the She

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 North Fairfax Street

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Industrial Welding Task Force June 2005
Expense Reimbursement
Travel
Lodging

11.b. Approximate dollar value of such dealing.

\$576

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Training Institute for the She

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 North Fairfax Street

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Industrial Welding Task Force August 2005
Expense Reimbursement
Travel
Lodging

11.b. Approximate dollar value of such dealing.

\$696

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Training Institute for the She

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 North Fairfax Street

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Industrial Welding Task Force September 2005
Expense Reimbursement
Travel
Lodging

11.b. Approximate dollar value of such dealing.

\$942

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers Local 19 JATF

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Blvd.

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Mileage and Other Expenses Reimbursement

11.b. Approximate dollar value of such dealing.

\$444

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Joseph Frick

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Union and Councils Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 North Fairfax Street

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Benefits
Unions and Council Pension

11.b. Approximate dollar value of such dealing.

\$15,822

12.a. Nature of interest held or income received.

12.b. Amount.